## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION this form.	TION GUIDE explains how to complete	1 ACCOUNT # (Ethics Commission filers)		otal pages filed;	
3 CANDIDATE OFFICEHOLDER NAME	TITLE FIRST GERALD		MI	OFFICE USE ONLY	
	NICKNAME LAST WOMACK		SUFFIX Date I	1000	
4 CANDIDATE OFFICEHOLDER ADDRESS		CITY: STATE: ZIE USTON TEXAS 77004	CODE:	CELYE DOOR BY	
Change of Address			四 四	No collination	
5 CAMPAIGN TREASURER NAME	TITLE FIRST JOHN	S.	MI HAWA	# 30 M P P P P P P P P P P P P P P P P P P	
	NICKNAME LAST CHASE	: ::	SUFFIX Date Pro		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 1201 SOUTHMORE	APT/SUITE # CIT HOUSTON TEX	Y: STATE:	ZIP CODE:	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE (713) 524-8413	R EXTENSI	ON .		
8 REPORT TYPE		y before election Runc	off Geded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
9 PERIOD COVERED	MONTH DAY YEAR 11/22/2001	THROUGH	MONTH 12/31/2001	DAY YEAR	
10 ELECTION	ELECTION DATE   ELI	ECTION TYPE  Primary  Runoff  G	eneral Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUG HOUSTON CIT	HT (if known) Y COUNCIL-DIS	TRICT D	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER  ** Direct campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **					
INDIVIDUALS	NAME				
i	ADDRESS/P.O BOX: APT/SUIT	E#: CITY:	STATE:	ZIP CODE:	
additional pages					
	G	O TO PAGE 2			

Texas Ethics Commission

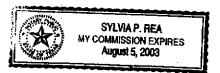
P. O. Box 12070

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
14 C/OII WAND			Ì
GERALD WOMA	CK		
16 SUPPORTING POLITICAL COMMITTEES	** This listing includes politi candidate's or officeholder's notice of such expenditures.	cal committees to support the candidate / officeholder. These eknowledge or consent. Candidates and officeholders are requires.	expenditures may have been made without the red to report this information only if they receive
·	COMMITTEE TYPE	COMMITTEE NAME	,
	☐ GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if no repo	rtable activity occurred during this reporting period. (Sign affic	davit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	TOTAL POLITICAL     PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OR GUARANTEES OF LOANS). UNLESS ITEMIZED	s
		L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	s 50,425.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$50 OF LESS. UNLESS ITEMIZED	s
	4. TOTAL POLITICA	L EXPENDITURES	s 54,166.20
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE S REPORTING PERIOD	s

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me

Signature of Candidate or Officeholder

GERALD WOMACK

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GERALD WOMACK, this the 15<sup>TH</sup> day of January, 2002, to certify which, witness my hand and seal of office.

SYLVIA P. REA

NOTARY PUBLIC

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

	TICAL CONTRIBUTIONS		SC	CHEDULE A		
	IR THAN PLEDGES OR L	UANS	1 Total pages	Schedule A: 7		
2 FILER NAM			3 ACCOUNT	3 ACCOUNT # (Ethics Commission flers)		
4 Date	5 Full name of contributor	out of state PAC	7 Amount of	8 In-kind contribution		
11-24-01	Lawrence Daniel Roberts		contribution	description(if applicable)		
	Contributor address: City; State; Zip Code Los Angeles, CA 90008	3	200.00			
9 Principal o	ccupation	10 Employer (optional)				
Date 11-28-01	Full name of contributor Paula S. Arnold	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)		
11-20-01	Contributor address; City; State; Zip Code Houston, Tx. 77018		250.00			
Principal oc	ecupation	Employer (optional)	1			
Date	Full name of contributor  Deandre M. Sam	out of state PAC	Amount of contribution	In-kind contribution description(if		
11-28-01	Contributor address: City; State; Zip Code  Houston, Tx. 77021		250.00	applicable)		
Principal oc	ccupation	Employer (optional)				
Date	Full name of contributor Harlon Brooks	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)		
11-28-01	Contributor address: City; State; Zip Code Houston, Tx. 77048		500.00			
Principal oc	ccupation	Employer (optional)				
Date	Full name of contributor Across The Track	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)		
11-28-01	Contributor address: City; State; Zip Code Houston, Tx. 77221		1000.00	аррисаоне)		
Principal ox	ccupation	Employer (optional)	<u> </u>			
Date	Full name of contributor Thomas Jones, Jr.	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)		
11-28-01	Contributor address: City; State; Zip Code  Houston, Tx. 77021		250.00	approacto		
Principal or	ccupation	Employer (optional)				
Date	Full name of contributor Limas Jefferson	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)		
11-28-01	Contributor address: City; State; Zip Code Seabrook, Tx. 7758	6	500.00			
Principal or	ccupation	Employer (optional)	<u> </u>			
		AL COPIES OF THIS FORM AS				
	If contributor is out-of-state PAC, pleas	se see instruction guide for additio	nal reporting require	ments.		

P.O. Box 12070 Austin, Texas 78711-2070

	TICAL CONTRIBUTION R THAN PLEDGES OR		SC	CHEDULE A
	on Guide explains how to complete this form.		1 Total pages S	Schedule A: 7
2 FILER NAME GERALD WOMACK			3 ACCOUNT	# (Ethics Commission flers)
4 Date	5 Full name of contributor Byronne J. Hearn	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
11-28-01	Contributor address: City; State; Zip Code Houston, T	x. 77088	100.00	аррисанся
9 Principal oc	cupation	10 Employer (optional)		
Date	Full name of contributor Ansun PAC	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01	Contributor address: City; State; Zip Code ouston, Tx. 77061	C	250.00	-price and
Principal oc	cupation	Employer (optional)	<del></del>	
Date	Full name of contributor Sidney Williams	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01	Contributor address: City; State; Zip Code, Los Angeles, Ca		500.00	applicable)
Principal oc	cupation	Employer (optional)		
Date	Full name of contributor  Dale Everitt & Co.	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01	Contributor address: City, State; Zip Code	2	200.00	
Principal oc	cupation	Employer (optional)		_ <del>-</del>
Date	Full name of contributor Wendell & Cynthia Champion	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01	Contributor address: City, State; Zip Code Houston, Tx. 7700	94	250.00	
Principal oc	cupation	Employer (optional)		<del>".</del>
Date	Full name of contributor  R. Anderson & Associates	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01		City: State; Zip Code Houston, Tx. 77054		
Principal oc	cupation	Employer (optional)		<u></u>
Date	Full name of contributor Ricky Kamins	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01	Contributor address: City; State; Zip Code		500.00	
Principal oc	cupation	Employer (optional)		
_	ATTACH ADDITION ATTACH ADDITION ATTACH ADDITION ATTACH ADDITION ATTACHMENT AT	ONAL COPIES OF THIS FORM AS ease see instruction guide for addition		ments.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A		
	ion Guide explains how to complete this form.	IIID .	1 Total pages	Schedule A: 7	
2 FILER NA	ME GERALD WOMACK		3 ACCOUNT	# (Ethics Commission flers)	
4 Date 11-27-01	5 Full name of contributor Texas Coalition for Good Government	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)	
11-27-01	Contributor address: City: State; Zip Code		1000.00	applicable)	
9 Principal o	ccupation	10 Employer (optional)	<del></del>		
Date 11-27-01	Full name of contributor JP Morgan Chase & Co. PAC	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11 27 01	Contributor address: City; State; Zip Code New York, NY 10169		500.00		
Principal oc	cupation	Employer (optional)	<u> </u>	<u> </u>	
Date	Gerald Womack		Amount of contribution	In-kind contribution description(if	
11-27-01	Contributor address: City; State; Zip Code  Houston, Tx. 77004		30000.00	applicable)	
Principal oc	cupation	Employer (optional)	_ <del> </del>	<u> </u>	
Date 11-26-01	Full name of contributor Percy or Lorine Ladet	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-20-01	Contributor address: City; State; Zip Code Houston, Tx. 77004		1000.00	аррисаоте)	
Principal oc	cupation	Employer (optional)	<u>l.</u>	<u> </u>	
Date 11-26-01	Full name of contributor Dr. Zuberi Iddi Mwamba	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-20-01	Contributor address: City; State; Zip Code  Missouri City, Tx. 77489		25.00	аррисавіе)	
Principal oc	cupation	Employer (optional)	<u>.                                    </u>	<u> </u>	
Date 11 26 01	Full name of contributor Carolyn B. Franklin	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-26-01	Contributor address: City; State; Zip Code Houston, Tx. 97045		300.00	applicable)	
Principal oc	cupation	Employer (optional)	1		
Date 11-24-01	Full name of contributor  American Federation of State, County & Municipal Employees-AFL-CIO		Amount of contribution	In-kind contribution description(if applicable)	
1	Contributor address: City; State; Zip Code  Washington, DC 20036		1500.00	. ,	
Principal occ	cupation	Employer (optional)	1	<del></del>	
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS NEE		nante	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A		
<del></del>	on Guide explains how to complete this form.	LOANS	1 Total pages	Schedule A: 7	
2 FILER NAM	E GERALD WOMACK		3 ACCOUNT	# (Ethics Commission flers)	
4 Date	5 Full name of contributor R. J. or Maureen Campo	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if	
11-29-01	Contributor address: City; State; Zip Code Houston, Tx. 77005		1000.00	applicable)	
9 Principal oc	cupation	10 Employer (optional)	<u> </u>		
Date 11-29-01	Full name of contributor Pam Sengelmann	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-27-01	Contributor address: City; State; Zip Cod Houston, Tx. 77024		500.00		
Principal oc	cupation	Employer (optional)			
Date 11-29-01	Full name of contributor Preservation Partners	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-29-01	Contributor address: City; State; Zip Cod	le Prleans, LA 70112	500.00		
Principal oc	cupation	Employer (optional)	<u>L</u>	<del></del> ,	
Date 11-29-01	Full name of contributor IEC of Houston PAC	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-29-01	Contributor address: City; State; Zip Cod, Houston, T		500.00		
Principal oc	cupation	Employer (optional)	<u> </u>		
Date 11-29-01	Full name of contributor Tammy Tran & Associates	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-29-01	Contributor address: City, State, Zip Cod Houston, Tx. 77002	e	1000.00		
Principal oc	cupation	Employer (optional)			
Date 11-30-01	Full name of contributor V. Edward James	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-30-01	Contributor address: City; State; Zip Cod Houston, Tx.		250.00		
Principal oc	cupation	Employer (optional)			
Date 11-30-01	Full name of contributor Percy Creuzot	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
	Contributor address: City; State; Zip Coordinate Houston, Tx. 77004	le	1000.00		
Principal oc	cupation	Employer (optional)	1 .,,-		
<u> </u>		ONAL COPIES OF THIS FORM AS lease see instruction guide for addition		ments.	

	FICAL CONTRIBUTIONS OR THAN PLEDGES OR L		SC	CHEDULE A	
	ion Guide explains how to complete this form.		1 Total pages	Schedule A: 7	
2 FILER NAM	ME GERALD WOMACK		3 ACCOUNT	# (Ethics Commission flers)	
4 Date 11-30-01	5 Full name of contributor Ester Branch	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)	
11-30-01	Contributor address: City; State; Zip Code Houston, Tx. 77025		1000.00	-pp.icasic)	
9 Principal o	ccupation	10 Employer (optional)			
Date 11-30-01	Full name of contributor Hermes Reed Architects PAC	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-30-01	Contributor address: City; State; Zip Code Houston, Tx. 77063	3	500.00		
Principal oc	cupation	Employer (optional)		. <u>.l</u>	
Date	Full name of contributor Samuel Stuart	ut of state PAC	Amount of contribution	In-kind contribution description(if	
11-30-01	Contributor address: City; State; Zip Code	. 77045	200.00 applicable)		
Principal oc	cupation	Employer (optional)			
Date	Full name of contributor  James D. Dannenbaum	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
11-30-01	Contributor address: City; State; Zip Code Houston, Tx. 77098		1000.00	approactor)	
Principal oc	ccupation	Employer (optional)		<u> </u>	
Date 12-12-01	Full name of contributor  Launey F. Roberts, Jr.	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
12-14-01	Contributor address: City; State; Zip Code Houston, Tx. 77021		25.00		
Principal oc	cupation	Employer (optional)			
Date	Full name of contributor  Gopal R. Jannapureddy	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
12-12-01	Contributor address: City: State; Zip Code Spring, Tx. 7737	79	250.00		
Principal oc	ccupation	Employer (optional)			
Date 12-12-01	Full name of contributor S. Mohammed Hosain	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)	
12-12-01	Contributor address: City; State; Zip Code Houston, Tx. 77008		1000.00		
Principal occupation		Employer (optional)			

	R THAN PLEDGES OR LO	ANS		<del></del>
			1 Total pages S	Schedule A: 7
	GERALD WOMACK		3 ACCOUNT	# (Ethics Commission flers)
	5 Full name of contributor Marva G. Bywaters	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
12-12-01	Contributor address: City; State; Zip Code  Houston, Tx. 77004		50.00	
9 Principal occ	upation	10 Employer (optional)	<u> </u>	<u> </u>
Date	Full name of contributor  Ivy Davis Livingston	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
12-1-01	Contributor address: City; State; Zip Code Aissouri City, Tx. 77489		25.00	
Principal occu	pation	Employer (optional)	<del></del>	
Date Full name of contributor  Judson W. Robinson, III		out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-29-01	Contributor address: City; State; Zip Code Houston, Tx. 77071		250.00	application)
Principal occu	upation	Employer (optional)	<del>_</del> _	<del></del>
Date Full name of contributor Jane Bass Page		out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-30-01	Contributor address: City; State; Zip Code Houston, Tx. 77024		200.00	applicable)
Principal occu	upation	Employer (optional)		
Date	Full name of contributor Otiver or Ramona Brown	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
8-24-01	Contributor address: City; State; Zip Code Houston, Tx. 77004		50.00	
Principal occ	upation	Employer (optional)		·
Date	Full name of contributor  Wendle Van Smith	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-5-01	Contributor address: City; State; Zip Code Houston, Tx. 77074		200.00	approacts)
Principal occ	upation	Employer (optional)	l	
Date	Full name of contributor Brian P. Cweren	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-5-01	Contributor address: City; State; Zip Code Houston, Tx. 77225		150.00	
Principal occ	upation	Employer (optional)		
		L COPIES OF THIS FORM AS	NEEDED	<del></del>

P.O. Box 12070 Austin, Texas 78711-2070

	TICAL CONTRIBUTIONS R THAN PLEDGES OR LO	ANS	SC	CHEDULE A
The Instructi	on Guide explains how to complete this form.		1 Total pages S	Schedule A: 7
2 FILER NAM	E GERALD WOMACK		3 ACCOUNT#	# (Ethics Commission flers)
4 Date 11-5-01	5 Full name of contributor  Beatrice Engram	out of state PAC	7 Amount of contribution	8 In-kind contribution description(if applicable)
,	Contributor address: City; State; Zip Code  Houston, Tx. 77021		50.00	
9 Principal oc	cupation	10 Employer (optional)	<u> </u>	
Date 11-5-01	Full name of contributor Sharyon Gathe	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-3-01	Contributor address: City, State; Zip Code  Bellaire, Tx. 77401		1000.00	
Principal oc	cupation	Employer (optional)		
Date	Full name of contributor Charles M. Bush	out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
11-5-01	Contributor address: City; State; Zip Code  Dallas, Tx. 75225		500.00	
Principal oc	cupation	Employer (optional)	<u> </u>	
Date	Full name of contributor	out of state PAC	Amount of contribution	In-kind contribution description(if
	Contributor address: City; State; Zip Code		Congression	applicable)
Principal oc	cupation	Employer (optional)	Ļ	1
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution description(if applicable)
	Contributor address: City; State; Zip Code		contribution	
•	<u>*</u>			
Principal oc	cupation	Employer (optional)		•
Date	Full name of contributor  Contributor address: City; State; Zip Code	Out of state PAC	Amount of contribution	In-kind contribution description(if applicable)
Principal oc	cupation	Employer (optional)		
Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution
	Contributor address: City; State; Zip Code		contribution	description(if applicable)
Principal oc	cupation	Employer (optional)		1
		COPIES OF THIS FORM AS NEED	DED	
	If contributor is out-of-state PAC, please se			ments.

Texas Ethics Commission		P.O. Box 12070		(512) 463-5800		1-80-325-8506
POLITICA	L EXPENDITU	RES				Schedule ${f F}$
The INSTRUCTION GO	IIDE explains how to complete	this form.	•		1 Total p	pages Schedule F:
	•		,		5	
2 FILER NAME					3 ACCC	UNT # (Ethics Commission filers)
GERALD WON				<del></del>		
4 Date	5 Payee name					7 Amount (\$)
11-24-01	CASH 6 Payee address:	City: State:	Zip Cod	a.		650.00
11 21 01	5445 Almeda, Houston		Zip Cou	c.		
8 Purpose of exper		i, IA: //004	9	** Complete if direct exp	enditure to l	penefit C/OH**
o Tarpose or exper	1011010			Candidate / Officeholder		Office sought/held
Church Crev	w Workers					
Date	Рауее пате					Amount
	Texas Printing					(\$) 3518.12
11-24-01	Payee address:	City: State:	Zip Code	!		3518.12
	4715 Main Street, Hor	iston, 1x. 77002	<u> </u>	## Ca1-4- (C JC)		- St C/OTEX
Purpose of expend	liture			** Complete if direct expe Candidate / Officeholder		Office sought/held
Printing	•		1	Caldidate Cities India	· ·	omeo oodan ned
Date	Payee name	<del></del>				Amount
	Advantage Communic	ation				(\$)
11-24-01	Payee address:	City: State:	Zip Code	; <del></del> ,		500.00
	4412 Almeda St., Hous	ston, Tx. 77004	-			
Purpose of expend	liture			** Complete if direct expe		
TOOTED !!				Candidate / Officeholder	name	Office sought/held
KCOH Radi						Amount
Date	Payee name EZ Mail					(\$)
11-26-01	Payee address:	City: State:	Zip Code:		<del></del>	8900.47
	6420 Richmond, Ste. 1	•	-		ļ	
Purpose of expend				** Complete if direct expe	nditure to be	nefit C/OH**
•				Candidate / Officeholder	name	Office sought/held
Mail out					<del></del>	
Date	Payee name					Amount (\$)
11-26-01	Texas Printing	City States	Zip Code:		——i	801.05
11-20-01	Payee address: 4715 Main St., Housto	City: State:	Zip Code:			
Purpose of expend		n, 11. //002	Т	** Complete if direct expe	nditure to be	nefit C/OH**
r ut pose of expend				Candidate / Officeholder		Office sought/held
Printing						
Date	Payee name					Amount
	Alicia Murray					(\$)
11-26-01	Payee address:	City: State:	Zip Code:			210.50
	4042 McDeemed, Hou	ston, Tx. 77052		***		5.007144
Purpose of expend	liture		-	** Complete if direct exper Candidate / Officeholder		netit C/OH** Office sought/held
Consultant S	arvices			Candidate / Officerolder	IIIIIIC	Office soughbliod
Date	Payee name		L		<del></del>	Amount
Date	The Wiseman Compar	ıy				(\$)
11-27-01	Payee address:	City: State:	Zip Code:			421.74
	2601 Arbor, Houston,	•				
Purpose of expend				** Complete if direct exper		
				Candidate / Officeholder	name	Office sought/held
Printing						i

Texas Ethics Commission		P.O. Box 12070		(512) 463-5800		1-80-325-8506
POLITICA	AL EXPENDIT	URES		·		SCHEDULE <b>F</b>
The Instruction C	JUIDE explains how to compl	ete this form.			1 Total	pages Schedule F:
					_	
2 FILER NAME		·-			5 3 ACC	OUNT # (Ethics Commission filers)
	•				) need	SOLITE IN (Educa Combination (ACIS)
GERALD WO	<del></del>			<del></del>		
4 Date	5 Payee name CASH					7 Amount (\$)
11-27-01	6 Payee address: 5445 Almeda, Houst	City: State:	Zip Co	de:		2072.00
8 Purpose of expe		on, 12. 77004	1	9 ** Complete if direct of	expenditure to	benefit C/OH**
Early Vote				Candidate / Officehold		Office sought/held
Date	Payee name					Amount
11-27-01	EZ Mail Payee address:	City: State:	Zip Code	<u> </u>		(\$) 1440.00
11 2, 01	6420 Richmond, Ste	•	=	<del>.</del> .		111000
Purpose of exper		,	Γ	** Complete if direct ex		enefit C/OH**
Mail out			i	Candidate / Officehold	ler name	Office sought/held
Date	Payee name	•	<u> </u>			Amount
11 20 01	Advantage Commun			<u>,</u>		(\$)
11-28-01	Payee address: 4412 Almeda, Houst	City: State:	Zip Code	::		1800.00
Purpose of expen		UH, 1X. //UU4	1	** Complete if direct ex	penditure to b	enefit C/OH**
-				Candidate / Officehold		Office sought/held
Air time	T					
Date	Payee name A. B. Chambers					Amount (\$)
11-28-01	Payee address: City: State: Zip Code:			136.00		
	4123 Dacca Dr., Hou	ston, Tx. 77004		<del></del>		
Purpose of expen	diture		ĺ	** Complete if direct ex Candidate / Officehold		enefit C/OH** Office sought/held
Replacemen	t check			Candidate / Officendio	ci ilainic	Office sought need
Date	Payee name					Amount
11 70 01	The Wiseman Comp	any	<del></del>	·		(\$)
11-28-01	Payee address: 2601 Arbor, Houston	City: State:	Zip Code	:		1643.75
Purpose of expen		i, 12. //004		** Complete if direct ex Candidate / Officehold		enefit C/OH**  Office sought/held
Printing	•		ĺ	Candidate / Officellold	or name	Office sought field
Date	Payee name	•		· · · · · · · · · · · · · · · · · · ·		Amount
11 27 01	East Bethel Cowboys		<del></del>			(\$)
11-26-01	Payee address:	City: State:	Zip Code	:	300.00	
Purpose of expen	Houston, Tx.	···-	.	** Complete if direct ex	penditure to be	mefit C/OH**
Block walke	•			Candidate / Officehold		Office sought/held
Date Date	Payee name					Amount
	Advantage Commun					(\$)
11-28-01	Payee address:	City: State:	Zip Code	:		1693.00
Purpose of expen	4412 Almeda Rd., He	Justull, 14. //004		** Complete if direct ex	penditure to be	nefit C/OH**
i dipose oi expen				Candidate / Officehold		Office sought/held
KCOH Air	time					

Texas Ethics Commission		P.O. Box 12070		(512) 463-5800			1-80-325-8506
POLITICA	L EXPENDIT	URES				Sсн	EDULE ${f F}$
The INSTRUCTION GL	JIDE explains how to comple	ete this form		. •	1 Total	pages Schedule l	F:
The Indirection of					5		
2 FILER NAME				<u></u>	3 ACCC	OUNT # (Ethics Co	nunission filers)
CODALD HOL	A A CITZ				ľ		
GERALD WOM	5 Payee name			· <del></del>	<u> </u>	7 An	nount
4 Date	Advantage Commun	nication					(\$)
11-28-01	6 Payee address: 4412 Almeda, Rd., F	City: State:	Zip Cod	e:		3625.00	
8 Purpose of exper			9	** Complete if direct ex	xpenditure to	benefit C/OH**	
KMJQ Air t				Candidate / Officeholde	er name		Office sought/held
Date	Payee name						ount (\$)
11 20 01	Texas Printing		7/- C-1-			4128.09	(\$)
11-28-01	Payee address: 4715 Main St., Hous	City: State:	Zip Code			112010	
Purpose of expend		ton, 1x. //002		** Complete if direct exp	enditure to b	enefit C/OH**	<del></del>
Printing				Candidate / Officeholde	er name		Office sought/held
Date	Payee name					Amo	
	CASH			-			(\$)
11-29-01	Payee address:	City: State:	Zip Code:			325.00	
	5445 Almeda, Houst	on, Tx. 77004		** Complete if direct exp	senditure to b	enefit C/OU**	
Purpose of expend		•		Candidate / Officeholde		ment C/On	Office sought/held
Block walker	Payee name	<del> </del>				Amo	ount
Date	The Wiseman Co.						(\$)
11-29-01	Payee address: 2601 Arbor, Housto	City: State: n, Tx. 77004	Zip Code:	:		1290.31	
Purpose of expend				** Complete if direct exp		enefit C/OH**	0.00
				Candidate / Officeholde	er name		Office sought/held
Push cards Date	Payee name	<del> </del>				Amo	ount
Date	Eva Pickens						(\$)
11-29-01	Payee address:	City: State:	Zip Code:			500.00	
	7935 Quail Meadow	Dr., Houston, Tx.	77071				····
Purpose of expend	•	•		** Complete if direct exp Candidate / Officeholde		mefit C/OH**	Office sought/held
Consultant S	Payee name			· <del></del> .		Amo	ount
Date	Maggie Duffield						(\$)
11-29-01	Payee address:	City: State:	Zip Code:			250.00	
	2218 Blodgett, Hous	•					·
Purpose of expend	diture	<del></del>		** Complete if direct exp		enefit C/OH**	0.00
Early vote				Candidate / Officeholde	er name		Office sought/held
Date	Payee name					Amo	ount (\$)
11 20 01	Academy Awards	C'A Charles	Zin Code	<del> </del>		893.63	(4)
11-29-01	Payee address: 4102 Fannin, Houst	City: State:	Zip Code	•			•
Purpose of expend		JH, IA. / (UU4		** Complete if direct exp		enefit C/OH**	Office cought/held
T_Shirts				Candidate / Officeholde	π name		Office sought/held

Texas Ethics Corramission	P.O. Box 12070	(512) 463-5800	1-80-325-8506		
POLITICA	L EXPENDITURES		SCHEDULE <b>F</b>		
The INSTRUCTION GO	JIDE explains how to complete this form.	1	Total pages Schedule F:		
		5			
2 FILER NAME		3	ACCOUNT # (Ethics Commission filers)		
GERALD WON	<b>MACK</b>				
4 Date	5 Payee name		7 Amount		
	Academy Awards		(\$)		
11-29-01	6 Payee address: City: State: Zi 4102 Fannin, Houston, Tx. 77004	857.00			
8 Purpose of exper		9 ** Complete if direct expend			
T-Shirts		Candidate / Officeholder nar	ne Office sought/held		
Date	Payee name		Amount		
11-29-01	Deborah Gladney		50.00		
11-29-01	Payee address: City: State: Zip 723 Buoy, Houston, Tx. 77063	Code:	30.00		
Purpose of expend		** Complete if direct expendi	ture to benefit C/OH**		
		Candidate / Officeholder nan			
Early Vote		<u> </u>			
Date	Payee name CASH		Amount (\$)		
11-29-01		Code:	275.00		
	5445 Almeda, Houston, Tx. 77004				
Purpose of expend		** Complete if direct expendit			
Dlook wallso	<b></b>	Candidate / Officeholder nan	ne Office sought/held		
Block walker	Payee name	<del></del>	Amount		
, ,	The Wiseman Co.		(\$)		
11-30-01	Payee address: City: State: Zip 2601 Arbor, Houston, Tx. 77004	Code:	653.80		
Purpose of expend		** Complete if direct expendit	ure to benefit C/OH**		
		Candidate / Officeholder nan			
Push cards  Date	Payee name		Amount		
Date	Don Samuel		(\$)		
11-30-01		Code:	125.00		
	5011 Almeda, Houston, Tx. 77004				
Purpose of expend		** Complete if direct expendit Candidate / Officeholder nam			
Contract Ser					
Date	Payee name Advantage Communication		Amount (\$)		
11-30-01	Payee address: City: State: Zip	1460.00			
	4412 Almeda Rd., Houston, Tx. 77004	:			
Purpose of expend		** Complete if direct expendit			
Radio air tin	ge	Candidate / Officeholder nam	ne Office sought/held		
Date	Payee name		Amount		
11 20 01	Wyatt's Cafeteria		(\$)		
11-30-01	Payee address: City: State: Zip 4423 Griggs Rd, Houston, Tx. 77021	Code:	de: 645.00		
Purpose of expend		** Complete if direct expendit			
Forly vote by	reakfast	Candidate / Officeholder nam	ne Office sought/held		

Texas Ethics Commiss	sion	P.O. F	Box 12070		(512) 463-5800		1-80-325-8506		
POLITIC	CAL EXPENDIT	ΓURES					Schedule <b>F</b>		
The INSTRUCTION	N GUIDE explains how to com	nplete this fon	m.	<del></del>		1 Tota	al pages Schedule F:		
						ł	Pages conedute 1.		
2 FILER NAME 3 A							COUNT # (Ethics Commission filers)		
GERALD W	OMACK								
4 Date	5 Payee name Sprint Digital Prin	nt				<b>L</b>	7 Amount (\$)		
11-30-01	6 Payee address:								
8 Purpose of ex	xpenditure	e. C, Hous	ton, 1 x.		9 ** Complete if direct ave		1 2:00		
Signs					9 ** Complete if direct exp Candidate / Officeholder	name	Office sought/held		
Date	Payee name CASH						Amount (\$)		
11-30-01	Payee address: 5445 Almeda, Hou	City:	State: 7004	Zip Code	e:	8500.00			
Purpose of exp	penditure				** Complete if direct expe Candidate / Officeholder	nditure to b	benefit C/OH**  Office sought/held		
	ers (12-1-01)					*******	Office soughblied		
Date	Payee name CASH			_			Amount		
11-30-01	Payee address:	<del></del>				2500.00 (\$)			
Purpose of expe	enditure	ston, 1x. /	7004	<del></del>	** Complete if direct exper	nditure to h	renafit C/OH++		
Block walk	kers			1	Candidate / Officeholder	патпе	Office sought/held		
Date	Payee name			— <del></del>			Amount		
12-1-01	Payee address:	Cit			(\$)				
	5445 Almeda, Hous	City: ston, Tx. 77	State: 7004	Zip Code	:		200.00		
Purpose of expe	enditure				** Complete if direct expen	diture to be	enefit C/OH**		
Block walk	kers				Candidate / Officeholder n	iame	Office sought/held		
Date	Payee name			-:			Amount		
Purpose of expe	Payee address:	City:	State:	Zip Code:		114	(\$)		
					** Complete if direct expen- Candidate / Officeholder n	ame	Office sought/held		
Date	Payee name Payee address:	City:	State:	Zip Code:			Amount		
Purpose of exper			C Marco.	Zip Code.	** Complete if direct expend	diture to be	(\$)		
		<u>.</u>			Candidate / Officeholder n	ame	Office sought/held		
Date	Payee name Payee address:	City:	State:	Zip Code:		<u> </u>	Amount		
Purpose of exper		City.	State.	Zip Code:	** Complete if direct expend Candidate / Officeholder na	diture to be			
		<del></del>			——————————————————————————————————————	nike	Office sought/held		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED